

Application for Approval of Real Estate Salesperson / Broker's Course

Please check which course you are applying for:

☐ Salesperson

☐ Broker

NOTE: Prior to completing this application, thoroughly review Rules 876 IAC 2-1-1 through 876 IAC 2-17-3; pertaining to requirements for approved courses of study.

Name of school	
Street Address	City, state, ZIP code
Name of Director	Business telephone number



APPLICATION FOR APPROVAL OF REAL ESTATE SALESPERSON / BROKER'S COURSE

State Form 36071 (R3 / 7-99)

This state agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this state agency under IC 24-34-1-12. Disclosure of this information is voluntary. Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a public record.

RETURN TO: Indiana Real Estate Commission
302 W. Washington St., Rm. E034
Indianapolis, IN 46204

Date of application (*month, day, year*)

NAME AND ADDRESS OF SCHOOL

Name of school	Telephone number ()
Street address	City, state, ZIP code

NAME AND ADDRESSES OF DIRECTORS AND OFFICERS

If incorporated, list names and residence addresses of all directors and officers.

Name	Title
Street address (<i>residence</i>)	City, state, ZIP code
Name	Title
Street address (<i>residence</i>)	City, state, ZIP code
Name	Title
Street address (<i>residence</i>)	City, state, ZIP code
Name	Title
Street address (<i>residence</i>)	City, state, ZIP code

Attach:

- a copy of the Certificate of Incorporation;
- a Certificate of good standing of the corporation issued by the Secretary of the State of Indiana.

PROOF OF SURETY BOND

Submit proof of Surety Bonding in the amount of \$10,000. SUBMIT BOND REPORTING FORM.

Submit copy of Accreditation Certificate.

NAME AND ADDRESS OF COURSE DIRECTOR

Name	Telephone number ()
Street address (<i>residence</i>)	City, state, ZIP code

Attach:

- Detailed resume. Review 876 IAC 2-2-4(c) School Director Qualifications.

NAME AND ADDRESS OF PRINCIPAL INSTRUCTOR

Name	Telephone number ()
Street address (<i>residence</i>)	City, state, ZIP code

Attach:

- Detailed resume;
- Instructor Approval Application for each instructor.

NAME AND ADDRESS OF ADDITIONAL INSTRUCTORS

If additional space is needed for other instructors, list on a separate sheet and attach to this form.

Name	Telephone number ()
Street address (<i>residence</i>)	City, state, ZIP code
Name	Telephone number ()
Street address (<i>residence</i>)	City, state, ZIP code

Attach:

- Detailed resume for each additional instructor.

MINIMUM QUALIFICATIONS

- List your minimum qualifications required for instructors (training, experience, certification, etc.)
- Review 876 IAC 2-3-3 Instructor Qualifications. (Attach evidence of compliance)

FACILITIES

- Submit site approval form for each location.

Classrooms are owned by applying school.

☐ Yes ☐ No If answer is No, give name and address of owner.

Name of owner

Telephone number

()

Street address

City, state, ZIP code

Physical facilities comply with all City, County and State fire, safety and sanitation codes and requirements.

☐ Yes ☐ No If answer is No, give full particulars.

CLASSROOM DIMENSIONS	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5
Length					
Width					
Height					

GRADING POLICIES

- Attach:
- Proposed school grading policy and rules of operation;
 - Sample of proposed certificate to be issued to passing students.

LENGTH OF COURSE

Total length of course in clock hours	Clock hours per calendar week
Clock hours per daily session	Total amount of weeks the course will last
Attach: <ul style="list-style-type: none"> • Complete teaching syllabus; • Keyed copies of all written examinations. 	TEACHING SYLLABUS PROVIDED BY THE COMMISSION MUST BE USED IN EACH APPROVED COURSE.

COST OF COURSE

Cost of the course to the student \$ _____	Fee must include the cost of textbooks, supplemental texts and required materials.
Attach: <ul style="list-style-type: none"> • Detailed proposed refund policy and schedule of fees to the student. 	

TEXT BOOKS

Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher
Title of primary textbook	Author	Publisher

OTHER SOURCES OF INSTRUCTION MATERIAL

List other sources of instruction material (video tapes, cassette tapes, etc.)

I (we) the undersigned, submit this application in conformance with Section 12, Article 34 of the Indiana Code and the Rules and Regulations of the Indiana Real Estate Commission pertaining thereto for permission and authority to provide the heretofore described courses of instruction at the location specified. I (we) understand that any violation of the License Law or Rules and Regulations on my (our) part will subject me (us) to loss of approval.

I (we) further certify that to the best of my (our) knowledge, the information given in this application is true and correct.

Signature of Director

Signature of principal instructor

STATE OF INDIANA

SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary

County of residence

Typed or printed name of Notary

Date Commission expires

**SUMMARY OF DOCUMENTS TO BE ATTACHED
BEFORE RETURNING THIS COMPLETED FORM**

1. A copy of the certificate of incorporation. *(if applicable)*
2. A certificate of good standing of the Corporation issued by the Secretary of the State of Indiana. *(if applicable)*
3. Proof of Surety Bonding in the amouny of \$10,000. *(See Section "Proof of Surety Bond" on page 2)*
4. Copy of Accreditation certificate. *(if applicable)*
5. Resume of course Director.
6. Resume of principal instructor
7. Resume of additional instructors
8. List of additional instructors and their resumes. *(if applicable)*
9. Proposed school grading policy and rules of operation.
10. Sample of proposed certificate to be issued to passing students.
11. Complete teaching syllabus. *(if additional syllabus will be used)*
12. Keyed copies of all written examinations.
13. Detailed proposed refund policy and schedule of fees to students.

RETURN TO: Indiana Real Estate Commission
302 West Washington Street, Room E034
Indianapolis, IN 46204

FOR OFFICE USE ONLY

Approval granted by Indiana
Real Estate Commission.

Date of approval *(mo., day, yr.)*

Signature of approving authority

Title

Remarks